

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **434**

Registrar's No. **1057**

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Pima Co. Gen. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 38 Yrs.; In Arizona 38 Yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 188 South Meyer Street (e) Citizen of foreign country (Yes or No) No
If yes, which country None (f) Social Security No. 931

3. (a) FULL NAME Abraham Ackerman

(b) If Veteran name war None

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive 38 yrs.

7. Birthdate of deceased July 12, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day
hrs. min.

9. Birthplace Russia
(City, town or county) (State or Country)

10. Usual Occupation Real Estate

11. Industry or Business None

12. Name Samuel Ackerman

13. Birthplace Russia
(City, town or county) (State or Country)

14. Maiden Name Cipe Baker

15. Birthplace Russia
(City, town or county) (State or Country)

16. (a) Informant's own signature Alvin Bring

(b) Address P. O. Box 1423 Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Evergreen Cem. (c) Date Nov. 26, 1945

18. (a) Embalmer's Signature Howard A. Bring

(b) Funeral Director Howard A. Bring

(c) Address Bring's Funeral Home

19. (a) 11-26-45
(Date received Local Registrar)

(b) L. S. Young, M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 22, 1945
TIME (Hour and minute) 6:40 P. M.

21. I hereby certify that I attended the deceased from Nov. 21, 1945 to Nov 22, 1945;
that I last saw him alive on Nov 22, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Myocarditis - Chronic

Due to None

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations None

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) None

(b) Date of occurrence Nov 22, 1945

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

(Specify type of place)

While at work (e) Means of injury None

23. Signature Chas. E. Adams M. D.
Address 123 So. Lane Date signed 11/23/45

DURATION 3 or 4 hours

3 years

PHYSICIAN

Underline the cause to which death should be charged statistically